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| <b>Case Number:</b>   | CM15-0000562 |                              |            |
| <b>Date Assigned:</b> | 01/12/2015   | <b>Date of Injury:</b>       | 10/17/2001 |
| <b>Decision Date:</b> | 03/06/2015   | <b>UR Denial Date:</b>       | 12/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 57 year old female, who sustained an industrial injury, on October 17, 2001. The injured worker complains of upper extremity, cervical spine discomfort and depression. The injured worker was diagnosed with major depression, fibromyalgia, anxiety, cervical discopathy, bilateral shoulder impingement, upper extremity overuse tendinitis, sleep disturbances. According to the progress note of July 14, 2014, the treatments the injured worker underwent were bilateral carpal tunnel release, ongoing psychotherapy, pain medication, electroshock therapy, physical therapy, bilateral carpal tunnel release, occupational therapy, Electromyogram with biofeedback and therapeutic recreation. The primary treating physician was requesting Bupropion XL for depression and Zolpidem for insomnia. On December 23, 2014, the UR denied prescriptions for Bupropion XL 15mg #90 and Zolpidem 10mg #60. The denial for the Bupropion XL 15mg #90 was based on the MTUS guidelines for Bupropion XL recommended after other agents. The Zolpidem 10mg #60 was denied on the bases of the ODG guidelines for Zolpidem should be approved for short term treatment of insomnia. The requests were modified for safety for taper off medications.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Zolpidem 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and stress chapter, Zolpidem (Ambien); Pain Chapter, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists  
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)

**Decision rationale:** According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia, this class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means, they have potential for abuse and dependency. Zolpidem is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient.

**Bupriopion XL 15mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16.

**Decision rationale:** According to MTUS guidelines, Wellbutrin ( Bupropion) showed some efficacy in the treatment of neuropathic pain. However there is no evidence of its effectiveness in chronic neck and back pain.